

DOE Emergency Operations Training Academy
Videotape Training Student Feedback Form

Name: _____ Job Title: _____

(Optional)
Course Title: _____ Date: _____

Please help us improve our training and materials by answering the following questions. Your reactions, comments, and suggestions are needed and appreciated.

Part I - Demographics

1. Identify the agency/functional area under which your job falls.
☐ DOE Safeguards & Security ☐ Other DOE
☐ DOE Emergency Operations ☐ Other NON-DOE
☐ DOE Counterintelligence
2. Before you attended this training, what level of knowledge did you have in the subject matter?
☐ Expert-level knowledge – *I had a complete understanding.*
☐ Working-level knowledge – *I had a good understanding.*
☐ Familiarity-level knowledge – *I only had an understanding of the general concept(s).*
☐ Little or no knowledge
3. How many years of work experience do you have in the training's subject area? _____

Part II - Overall Training

Please rate the following:

We encourage you to offer comments and suggestions (on the next page) concerning any low ratings.

	Not Applicable	Poor	Fair	Good	Very Good	Excellent
4. How well the training met my current/future job needs.	<input type="checkbox"/>	1	2	3	4	5
5. Usefulness of the student materials (e.g., notebook and handouts) <u>during</u> the training.	<input type="checkbox"/>	1	2	3	4	5
6. Clarity and organization of the instruction/training.	<input type="checkbox"/>	1	2	3	4	5
7. Usefulness of training exercises.	<input type="checkbox"/>	1	2	3	4	5
8. Overall quality of the training.	<input type="checkbox"/>	1	2	3	4	5

Part III – Video Training

9. How do you rate the medium of video for the delivery of this training?

Not effective 1-----2-----3-----4-----5 Effective

10. Please rate the training by circling the number that best expresses your opinion.

a. Boring 1-----2-----3-----4-----5 Interesting

b. Learned little 1-----2-----3-----4-----5 Learned much

11. How long did it take you to complete the training? _____

12. What parts of the training were most useful to you?

13. How could this training be improved?

14. Additional comments:
